

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER NO ON PROP 10; CALIFORNIANS FOR RESPONSIBLE HOUSING, A COALITION OF VETERANS, SENIORS, HOUSING PROVIDERS, SOCIAL JUSTICE GROUPS, TAXPAYER ASSOCIATIONS, AND AREA CODE/PHONE NUMBER (415)389-6800 I.D. NUMBER (if applicable) 1401516 STREET ADDRESS CITY SAN RAFAEL STATE CA ZIP CODE 94901			Date of This Filing 09/19/2018 Report No. LCR # 534A <input checked="" type="checkbox"/> Amendment to Report No. 001 <small>(explain below)</small> No. of Pages 3	Date Stamp Page 1 of 3	CALIFORNIA FORM 497 For Official Use Only
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
08/17/2018	AVALONBAY COMMUNITIES, INC. Newport Beach, CA 92660	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$85,290.00
08/17/2018	BW BRODY AFFILIATED Sherman Oaks, CA 91423	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$10,000.00
08/17/2018	CARMEL PARTNERS AND AFFILIATED ENTITIES San Francisco, CA 94111 Memo Reference: INC:S497:1389	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$16,500.00

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

AMEND TO REVISE CONTRIBUTOR NAME AND ALLOCATION

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AREA CODE/PHONE NUMBER (415)389-6800	I.D. NUMBER (if applicable) 1401516	Report No. LCR # 534A			
STREET ADDRESS			<input checked="" type="checkbox"/> Amendment to Report No. 001 (explain below)		
CITY SAN RAFAEL	STATE CA	ZIP CODE 94901	No. of Pages 3		

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment:

AMEND TO REVISE CONTRIBUTOR NAME AND ALLOCATION

Memo Reference: INC:\$497:1389
REC'D THROUGH AFFILIATED ENTITY: MGP IX-CP VENTURE LLC; SAME ADDRESS